

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

|    | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|----|----------|------|------------------------|------|------------------------|------|
|    | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1  |          |      |                        |      |                        |      |
| 2  |          |      |                        |      |                        |      |
| 3  |          |      |                        |      |                        |      |
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| 6  |          | 5    |                        |      |                        |      |
| 7  |          | ①    |                        |      |                        |      |
| 8  |          | ①    |                        |      |                        |      |
| 9  |          | ①    |                        |      |                        |      |
| 10 |          | ①    |                        |      |                        |      |
| 11 |          | ①    |                        |      |                        |      |
| 12 |          | ①    |                        |      |                        |      |
| 13 |          | ①    |                        |      |                        |      |
| 14 |          | ①    |                        |      |                        |      |
| 15 |          | ①    |                        |      |                        |      |
| 16 |          | ①    |                        |      |                        |      |
| 17 |          | ①    |                        |      |                        |      |
| 18 |          | ①    |                        |      |                        |      |
| 19 |          | ①    |                        |      |                        |      |
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|-----|------|------|------|------|------|------|
|     | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 99  |      |      |      |      |      |      |
| 100 |      |      |      |      |      |      |

TOTAL

50

50

50

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\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS